

CHANGING TRENDS IN TOPICAL NEGATIVE PRESSURE USE FOLLOWING ABDOMINAL SURGERY

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Introduction: Use of Topical Negative Pressure 'TNP' in the management of open wounds is becoming more popular. The aim of this study was to assess its' use and changing indications over the last 5 years in a District General Hospital.

Methods: This is a prospective study from January 2004 to December 2008 of all patients who required TNP following abdominal surgery in our hospital.

Results: 150 patients required TNP during this 5-year period. Of those 95 had undergone abdominal surgery with a median age of 63(30-89) years. 53/95 patients required TNP due to superficial wound infection. This number increased from 8 cases in 2004 to 20 in 2008. In the remaining 42/95 TNP was used either to assist in abdominal closure due to deep wound dehiscence, or their abdomen was left open at the time of surgery due to severe sepsis, bowel and or abdominal wall oedema. In this group the number increased 10 fold from 2 patients in 2004 to 20 in 2008. In 31/42 patients VAC Abdominal Dressing system with TNP was used to allow a second look laparotomy. Delayed primary closure was achieved in 22/42 patients.

Discussion: Use of TNP has evolved over the last few years. As Surgeons were becoming more familiar with this technique, treatment in theatre was initiated in 41/95 patients. Its use in the open abdomen, although controversial, has increased dramatically particularly for patients with severe peritonitis. Further study recommendations would be to look at its' cost effectiveness and whether hospital stay is reduced.